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## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

		1		<u>_</u>		•							
		CLAIMS A	(Column 1)		(Column 2)			SMALL ENTITY TYPE		OR	OTHER THAN		
TOTAL CLAIMS			19			·		RATE	FEE	7	RATE	FE	Ε
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	385.00	OR	BASIC FEE	770	.00
TOTAL CHARGEABLE CLAIMS			/ 9minus 20=		•			XS 9=		OR	X\$18=		١
INDEPENDENT CLAIMS			9 minus 3 =					X43=		OR	X86=		
MULTIPLE DEPENDENT CLAIM PI			RESENT					+145=		OR	+290=		
• 11	the difference	e in column 1 is	less than z	ero, enter	"0" in	column 2	Ŀ	TOTAL		OR	TOTAL	7	70.
C	3/24/04	LAIMS AS A (Column 1)	O - PART II  (Column 2) (Column 3)				SMALL ENTITY		OR	OTHER THAN SMALL ENTITY			
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID F	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADI TION FE	IAL
	Total	. 19	Minus	- 20	2	<i>-0</i>		·X\$ 9=		OR	X\$18=		
	Independent	NTATION OF MI	Minus	SENIDENT	<u>3</u>	1=0		X43=		OR	X86=		
<u> </u>	FIRST PRESE	INTATION OF MI	ULTIPLE DE	PENDENT	CLAIN	<u>" [_] </u>	' [	+145=	, ,	OR	+290=		
		TOTAL ADDIT. FEE OR ADDIT. FEE											
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADD TION FE	IAL
	Total	•	Minus	** .	•	s .		X\$ 9=		OR	X\$18=		
	Independent	NTATION OF ML	Minus	ENIDENT	CL AIN	]= .		X43=		OR	X86=		
Э	ring) Phese	INTATION OF MC	CTIPCE DEP	EIGDEIG	CLAIN	<u>'                                    </u>	' [-	145=	,	OR	+290=		
		2 -					AD	TOTAL DIT. FEE		OR ,	TOTAL ODIT. FEE		
		(Column 1)	•	(Colum		(Column 3)			. •			• •	
AMENDMENT C	`	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOI PAID F	ER USLY	PRESENT EXTRA	ſ	RATE	ADDI- TIONAL FEE		RATE	ADD TION FE	AL
	Total	•	Minus	**		=	5	<b>(\$ 9=</b>		OR	X\$18=		,
	Independent	•	Minus	***		=	T;	X43=		OR	X86=		┪
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							145=		OR	+290=	_	$\dashv$
t	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."									<b>.</b>	TOTAL DDIT, FEE		
		mber Previously Pa ber Previously Paid						ort. FEE L in the appr	opriate box			•	